

DEATH

Berlin City Clerk
168 Main Street
Berlin, NH 03570

Number _____
Requested _____
Issued _____
LIC# _____

Application for copy of Death Return

Please print Plainly

Name of
Deceased _____
(First Name) (Middle Name) (Last Name)

Date of
Death _____
(Month) (Day) (Year)

Place of
Death _____
(County)

Purpose for which certificate is Requested _____

Yours _____ Your Relationship
Signature _____ To Registrant

A Fee of \$12.00 is Required by Law for the search of the file for any one record.

A fee of \$8.00 is required by law for each subsequent copy issued at the same time as the initial copy

Notice: Any person shall be guilty of a Class B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)